



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

By Tracy Crews at 8:04 am, Jul 31, 2024

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

|  |  |                                  |
|--|--|----------------------------------|
| ALCO SENSOR IV SN<br>111673  | NAME OF AGENCY<br>St. Louis County Police Department | DATE OF INSPECTION<br>07/30/2024 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>14301 S. Outer 40 Rd (MODOT TMC) |  | TIME OF INSPECTION<br>10:00 am   |

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

SIMULATOR SOLUTION  COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Intoximeters LOT # AG321505 EXP. DATE 08/03/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIM. SN \_\_\_\_\_ SIM. NIST EXP DATE \_\_\_\_\_

CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
- 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
- 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1  .098

TEST 2  .098

TEST 3  .098


RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

|          |         |           |           |           |            |
|----------|---------|-----------|-----------|-----------|------------|
| REFUSALS | (0-.04) | (.05-.09) | (.10-.14) | (.15-.19) | (OVER .19) |
|----------|---------|-----------|-----------|-----------|------------|

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**INSPECTING OFFICER**

SIGNATURE  
  
 TYPE II PERMITS NUMBER/EXPIRATION DATE  
 230233 10/31/2025

PRINT NAME  
 Michael White  
 TELEPHONE NUMBER  
 (636) 529-8210

**Return completed report to the:** Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

TEST RECORD 00521

Temp Date Time 210L

Air Blank: 07/30/24 10:02 .000  
Calibration Check: 21 07/30/24 10:02 .898

Subject Name  
Test

Subject I.D.

1

Operator Name, I.D.

White 230233

Location

14301 S. Outer 40

AS IV Serial no: 111673  
Version no: 532B

TEST RECORD 00522

Temp Date Time 210L

Air Blank: 07/30/24 10:06 .000  
Calibration Check: 21 07/30/24 10:06 .898

Subject Name

Test

Subject I.D.

2

Operator Name, I.D.

White 230233

Location

14301 S. Outer 40 rd

AS IV Serial no: 111673  
Version no: 532B

TEST RECORD 00523

Temp Date Time 210L

Air Blank: 07/30/24 10:08 .000  
Calibration Check: 21 07/30/24 10:08 .898

Subject Name

Test

Subject I.D.

3

Operator Name, I.D.

White 230233

Location

14301 S. Outer 40

14301 S. Outer 40

White 230233

Test

Test

TEST RECORD 00521

AS IV Serial no: 111673

Version no: 532B

Temp Date Time 210L

Air Blank: 07/30/24 10:02 .000

Calibration Check: 21 07/30/24 10:02 .898

Subject Name

Test

Subject I.D.

1

Operator Name, I.D.

White 230233

Location

14301 S. Outer 40



**Airgas USA LLC (LAB)**  
 3500 Bernard Street  
 St. Louis, Mo. 63103  
 Ph: (314) 533-3100  
 Fax: (314) 533-7328

## Certificate of Analysis

**Customer Name**  
 Exclusive Supplier  
 Intoximeters, Inc.  
 2081 Craig Road  
 St. Louis, Mo 63146

**Test Date:** 3-Aug-2023

**Lot #** AG321505 **Model** 108

|                               |                         |   |   |
|-------------------------------|-------------------------|---|---|
| <b>Exp Date</b><br>3-Aug-2025 | <b>Cyl. Type</b><br>108 | <b>Component</b><br>Ethanol<br>Nitrogen | <b>Certified Concentration</b><br>0.100 ± 2% BrAC (272 ppm) |
|-------------------------------|-------------------------|---|---|

**Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:**

| RGM Serial No. | Concentration | RGM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| EB0010581      | 391.8 ppm     | EB0010603      | 392.5 ppm     |
| EB0010570      | 259.8 ppm     | EB0010559      | 258.9 ppm     |
| EB0010285      | 209.0 ppm     | EB0010562      | 104.2 ppm     |
| EB0010561      | 103.7 ppm     | EB0010579      | 52.94 ppm     |
| EB0010681      | 52.22 ppm     |                |               |

| CRM Serial No. | Concentration | CRM Serial No. | Concentration |
|----------------|---------------|----------------|---------------|
| CC727481       | 800.0 ppm     | CC727493       | 390.0 ppm     |
| CC727496       | 253.0 ppm     | CC727498       | 150.0 ppm     |

**Analytical Method:** NDIR

Digitally signed by:Quality Control  
 Reason:Dry gas standard certification of analysis  
 Location:Airgas USA LLC (Lab)  
 Date:08.03.2023 17:58

**Approved for Release:** \_\_\_\_\_

Yusef Woods

**ISO 17025:2017 A2LA accredited. Certificate Number 3082.06**  
**ISO 17034:2016 A2LA accredited. Certificate Number 3082.07**



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



PERMIT  
TYPE II

MICHAEL WHITE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**ALCO-SENSOR IV WITH PRINTER, INTOX DMT**

for the determination of the alcoholic content of blood from a sample of expired air Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 10/31/2023

*Mike Mason*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

NUMBER 230233

*David J. Nielsen*

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

EXPIRES 10/31/2025

SP02071 (06/04)

LAB-RRSMO-08

 STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator WHITE, MICHAEL  
Permit No 230233  
Date Issued 10/31/2023 Date Expires 10/31/2025

